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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Sao Tome and Principe

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Sao Tome and Principe which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $3,750,000 from general resources, subject to the availability of funds, and $1,770,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.1
U5MR (per 1,000 live births)	82
IMR (per 1,000 live births)	64
Underweight (% moderate and severe) (1986)	17
Maternal mortality rate (per 100,000 live births) (1991)	79
Literacy (% male/female) (1981)	73/42
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%) (1985)	80
GNP per capita	$250
One-year-olds fully immunized against:	
tuberculosis:	95 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	74 per cent
poliomyelitis:	79 per cent
Pregnant women immunized against:	
tetanus:	60 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Sao Tome and Principe is comprised of two islands with a population of 118,000 inhabitants. With a gross national product per capita of $250 and some 46 per cent of the population living on or below the poverty line, Sao Tome and Principe is classified among the least developed countries. Economic growth has been slow over the last few years, and a structural adjustment programme in place since 1987 has not yet led to expected outcomes. Government budget allocations for health and education have decreased in real terms by approximately 50 and 30 per cent, respectively, over the last four years.

2. Numerous changes in the Government over the last three years have constrained the continuity of programmes. Nevertheless, the Government has set seven ambitious goals for the year 2000 in its national programme of action (NPA) for children. The first two goals are to reduce infant and under-five mortality rates (IMR and U5MR) respectively by one third of their 1993 levels. This represents a major challenge, given that both IMR and U5MR have increased over 1981 levels. A second goal - to reduce the maternal mortality rate by one half of its 1991 level of 79 per 100,000 live births - is also very challenging.

3. Malaria is the main cause of under-five mortality and morbidity, accounting for 41 per cent of under-five deaths, which a World Bank-financed malaria control project should help to reduce through the distribution of impregnated bednets, the elimination of mosquito breeding sites and health education. Acute respiratory infections (ARI) and diarrhoeal diseases are the other main causes of under-five mortality and morbidity.

4. According to 1986 figures, approximately 4,000 children under five years old suffer from moderate or severe malnutrition. Current nutritional data will be required in order to assess the prospects for achieving the NPA goal of reducing severe and moderate malnutrition in at least 30 per cent of those children. Vitamin A deficiency has never been reported; however, the overall goitre rate was found to be 50 per cent in 1993.

5. Considerable progress has been noted in the water and sanitation sector owing largely to a family latrine programme supported by UNICEF and with the involvement of several donors in urban and rural water supply. Consequently, the NPA goal of extending water supplies to an additional 18,000 persons, thus expanding coverage from 74 to 90 per cent, should be reached. The goal of increasing access to safe means of excreta disposal for an additional 4,900 families, thereby expanding access from 25 to 50 per cent, is also attainable.

6. With respect to the goal of ensuring universal access to basic education and the completion of primary education by at least 70 per cent of some 22,000 eligible children, net primary school enrolment at 89 per cent suggests that the goal is achievable. However, the quality of education is severely constrained by limited resources and teacher work stoppages and strikes because of inadequate salaries. Progress is being made to achieve the sixth goal which is to reduce the adult illiteracy rate to one half of its current level.

7. Government ratification of the Convention on the Rights of the Child is an important step. Through the dissemination of all articles of the Convention, progress is being made towards the seventh goal, which is to provide increased protection to children in especially difficult circumstances.

PROGRAMME COOPERATION, 1991-1996

8. The 1991-1996 programme of cooperation focused on maternal and child health; the provision of safe drinking water, sanitation, and preschool and primary education; community development; and assistance to street children. The major objectives were to reduce IMR and U5MR and to improve the quality of life of children and women.

9. The health programme aimed to reduce morbidity and mortality among children under five years old and pregnant women and to promote child survival and development by increasing the coverage, quality and access to primary health care (PHC). Achievements included the retraining of some 350 community health workers and increased vaccination coverage. The objective of the education programme was to develop services for life skills for children through teacher training and the participation of communities in education. Accomplishments included the training of some 600 teachers and the creation of a number of parent associations involved in the management of preschool institutions. The integrated area-based programme supported primarily the provision of safe drinking water and the construction of latrines, with active community involvement. Between 1990 and 1993, there was a 13 per cent increase in access to water and a 10 per cent increase in access to safe means of excreta disposal.

Lessons learned

10. Implementation of the country programme was hampered by several constraints, including cut-backs in social sector budgets. Government personnel

often lacked the knowledge and skills needed for programme planning, monitoring and implementation. Consequently, the mid-term review in 1993 concluded that greater emphasis should be placed on capacity-building to improve service delivery in the most cost-effective ways.

11. The need to strengthen community involvement in planning, cost-sharing and project implementation was also identified at the mid-term review as essential to sustaining service delivery. A lack of success in implementing a health cost-sharing mechanism was due in part to a failure to address that need and to limited political commitment, at the time, to this initiative. However, the involvement of communities in small-scale water supply and sanitation services, which included the creation of a large number of water point management committees and cost-sharing schemes, was considered a success to be replicated and applied in other areas such as primary education and PHC programmes.

12. It proved difficult to measure the progress made towards the mid-decade and NPA goals due to a lack of reliable data. Consequently, greater attention and increased resources will be channelled by UNICEF and the Government to programme monitoring and evaluation, including information obtained through community surveillance initiatives.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Primary health care	180	185	193	194	198	950
Basic education	108	109	110	111	112	550
Water supply and environmental sanitation	149	143	134	132	127	685
Advocacy and social planning	50	50	50	50	50	250
Programme support	263	263	263	263	263	1 315
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Primary health care	108	113	117	124	128	590
Basic education	64	65	66	67	68	330
Water supply and environmental sanitation	142	136	131	123	118	650
Advocacy and social planning	40	40	40	40	40	200
Programme support	-	-	-	-	-	-
Subtotal	354	354	354	354	354	1 770
Total	1 104	1 104	1 104	1 104	1 104	5 520

Country programme preparation process

13. The Government endorsed the Declaration and Plan of Action of the World Summit for Children and concluded the preparation of the NPA in June 1994. The Government has also endorsed the Beijing Platform of Action and, in 1996, concluded a national implementation plan. These commitments constitute the overall framework within which the country programme will operate since there is no national development plan. The preparation of the country programme has been undertaken in conjunction and concurrently with Government efforts to formulate national policies for health, education and water resources. In late 1994, the Government and UNICEF agreed to implement a one-year "bridging" programme for 1996 to allow the harmonization of programme cycles with the United Nations Development Programme and the United Nations Population Fund (UNFPA).

14. Government ministries, United Nations agencies, non-governmental organizations (NGOs) and donors have collaborated during all stages of the country programme exercise. This has included meetings to review the situation analysis, which was finalized in 1994; development of the country note; and review of the proposed programme plans of operations.

Objectives and strategies

15. The 1997-2001 country programme will be a central and essential component in NPA implementation. The country programme will contribute to the national goals for the reduction of infant, under-five and maternal mortality and will aim to: (a) improve the coverage, quality and delivery of social services in the areas of health, basic education, water supply and sanitation; (b) build capacity at all levels in these same areas to strengthen the sustainability of services; and (c) strengthen efforts to protect and assist children in especially difficult circumstances. The Convention on the Rights of the Child is another principal reference of the country programme.

16. The country programme will employ a mix of strategies to achieve those objectives. The lead strategies will be capacity-building and community empowerment, with a view to sustaining cost-effective service delivery. Advocacy will also be used as a supportive strategy. This strategy mix represents an evolution from previous country programmes whose major strategy was service delivery.

17. The country programme will be comprised of five interrelated programmes: (a) PHC; (b) basic education; (c) water supply and environmental sanitation; (d) advocacy and social planning; and (e) programme support. The small size of the country and its population, and the successes already achieved in certain areas such as water supply, environmental sanitation and child immunization, enable the country programme to address a variety of goals for children.

Primary health care

18. The PHC programme aims by the year 2001 to contribute to the nationally-set goals of reducing IMR and U5MR to 46 and 61 per 1,000 live births, respectively. The programme will encompass three projects: (a) the Bamako Initiative; (b) child survival; and (c) health promotion.

19. The Bamako Initiative project will attempt to revitalize public health systems in at least five initial areas across two districts through the procurement of essential drugs, the decentralization of decision-making,

building management capacities at subnational levels and the institution of mechanisms for the empowerment of communities to co-manage and co-finance a package of essential health services at grass-root levels. If adequate supplementary funding is received, it is foreseen that this project can be expanded to attain national coverage by the year 2001.

20. The child survival project will focus on child immunization, the control of diarrhoeal diseases (CDD) and the control of ARI. The objectives will be to eliminate neonatal tetanus; eradicate polio; reduce by 90 per cent the number of deaths and cases due to measles compared to pre-immunization levels; achieve and maintain 95 per cent vaccination coverage among children under one year of age against the six immunizable diseases and against tetanus for women of child-bearing age; reduce under-five mortality and morbidity due to diarrhoeal diseases by 50 and 25 per cent, respectively; and reduce both under-five mortality and morbidity due to ARI by 30 per cent. Vaccination-related objectives will be achieved using general resources. CDD and ARI core activities will focus on correct case management and, in the case of CDD, increasing access to oral rehydration salts. If sufficient supplementary funding is obtained, 80 per cent of all peripheral health facilities will be furnished with equipment to set up oral rehydration therapy corners and to effectively treat ARI cases. The three components of this project will be incorporated gradually in the Bamako Initiative project as it expands so that immunization, CDD and ARI are included in the package of essential health services provided to and co-managed by communities.

21. The health promotion project will ensure that all salt consumed in the country is iodized by assisting the Government in the implementation of the new salt importation legislation and monitoring iodine content in commercial and domestic salt. The project will also ensure that breast-feeding, growth monitoring and the Baby-Friendly Hospital Initiative, as well as safe motherhood practices, are promoted systematically. The control and prevention of AIDS and other sexually transmitted diseases will be promoted by increasing youths' knowledge of reproductive health and preventative measures and by promoting more responsible sexual behaviour and practices. Health education for malaria prevention and community-based monitoring of malaria-caused morbidity will also be supported, in collaboration with the World Bank.

Basic education

22. This programme will contribute to the NPA goal of improving the school performance of primary school children so that 70 per cent complete their primary education at grade six. Activities will include teacher training; school health; the organization of community participation in the education process; support to educational planning, including the monitoring of learning achievement; girl child education; and the provision of extension services to out-of-school children. If the necessary supplementary funding is received, non-formal activities will be extended to all districts, training activities will be extended to include school principals and administrators, and interactive radio instruction will be supported in 40 primary schools.

Water supply and environmental sanitation

23. This programme will contribute to the NPA goal of ensuring that 90 per cent of the population have access to safe drinking water and 50 per cent to safe means of excreta disposal. It will be implemented within the context of a comprehensive water resources management plan currently being developed by the

Government and will focus on the construction of family latrines, the rehabilitation and construction of small-scale gravity-fed water systems and hand-dug wells. Communities will be empowered through the creation of village-level water and sanitation committees whose members will be trained in basic administration and maintenance. The programme will encourage co-financing and the active involvement of women in the management and maintenance of all facilities. Hygiene education will be implemented in all project areas and prior to initiating rehabilitation and construction activities. In view of the presence of other projects, UNICEF assistance will be limited to rural and peri-urban areas outside the piped-water network or where the piped-water network has become non-functional. If required supplementary funding is received, it is foreseen that approximately 18,000 persons will be provided with safe water in rural and peri-urban areas and 3,750 families with safe means of excreta disposal through the construction of latrines.

Advocacy and social planning

24. Awareness and knowledge about the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women are limited in Sao Tome and Principe. Therefore, the advocacy and social mobilization programme will promote the implementation of both Conventions nationwide with a view to improving the protection of children and women. Thematic information, education and communication materials based on Facts for Life will be produced and disseminated to support the attainment of the NPA goals. UNICEF will collaborate closely with national television and radio journalists and other counterparts such as government employees, teachers and health workers to increase their knowledge about child rights and issues related to child protection, survival and development. The programme will also support the collection of data and trend analyses through periodic surveys and studies, including multiple indicator cluster surveys which will be used increasingly as a monitoring tool. The collection and analysis of data on basic indicators should in turn support the preparation of improved policies in favour of children and women. UNICEF will also establish a document centre which will provide information on child- and women-related issues.

Fund-raising

25. Approximately 70 per cent of the supplementary funding sought during the previous programme cycle was received. Over the last two years, significant supplementary funds have been raised in support of child immunization and water supply and environmental sanitation activities. Although most donors do not maintain offices in the country, the UNICEF Sao Tome and Principe liaison office, with the assistance of the UNICEF Angola office, will seek to expand efforts to raise supplementary funding through the preparation of funding proposals and more frequent contacts with donors, the majority of which are based in the nearby countries of Angola and Gabon.

Monitoring and evaluation

26. An integrated monitoring and evaluation plan will be developed jointly by the Government and UNICEF, and all NPA indicators will be incorporated into this plan. Information on key indicators that is not currently available, such as nutritional data, will be obtained through studies and surveys. The programme will support the collection and analysis of gender-disaggregated data for all appropriate indicators. Joint field visits will be undertaken with donors and Government to monitor progress and collect information on experiences at the

community level. This information will be used to refine and adjust programme planning and targeting. Annual reviews of the programme will be conducted jointly with the Government and will form the basis for the preparation of annual project plans of action and corresponding budgets. Project evaluations will be carried out periodically. A mid-term review of the country programme will be conducted in 1999 to assess the progress and impact of the country programme and to recommend any mid-course adjustments, if necessary.

Coordination with other agencies

27. UNICEF will seek the cooperation of United Nations agencies, national and international NGOs, bilateral donors and other partners providing technical assistance to various components of the programme where common objectives have been identified to ensure the optimal use of limited resources. This will include the provision of reimbursable procurement services and collaboration with the World Bank on malaria control and prevention activities. UNICEF will also collaborate closely with the World Bank and the World Health Organization in the implementation of the Bamako Initiative. UNICEF-supported activities to promote safe motherhood practices and train traditional birth attendants will complement activities being implemented through UNFPA. Arrangements already in place such as the Joint Consultative Group on Policy will continue to be used to enhance coordination. All United Nations agencies will cooperate with the Government in the preparation of a Common Country Assessment, which should be finalized in 1997, and precede the preparation of the country strategy note for United Nations cooperation.

Programme management

28. UNICEF will provide programme support to ensure the efficient planning, implementation, management and monitoring of the country programme. This will include maintaining a small office and a minimal number of staff who will provide technical and operational support to the Government and other partners.

29. The Department of Multilateral Affairs of the Ministry of Foreign Affairs and Cooperation will coordinate the programme of cooperation between the Government and UNICEF. The Ministry of Health will be responsible for implementation of the PHC and water supply and environmental sanitation programmes, while the Ministry of Education will be responsible for the basic education programme. At least two meetings will be held annually and jointly by the Government and UNICEF to review project progress. It is expected that a significant number of project activities, particularly in the water and sanitation and hygiene education sectors, will be implemented directly by international and national NGOs. Discussions will also be held to identify new areas in which NGOs can contribute to project implementation.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SAO TOME
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	950			950	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION	550			550	0	0	0	0	0	0	0	1	0	1	0.0	54.4	54.4
WATER AND ENVIRONMENTAL SANITATION	685			685	0	0	0	0	0	0	0	1	0	1	0.0	54.4	54.4
ADVOCACY AND SOCIAL PLANNING	250			250	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,315			1,315	0	0	0	1	0	0	1	0	4	5	711.8	106.6	818.4
TOTAL GR	3,750			3,750	0	0	0	1	0	0	1	2	4	7	711.8	215.4	927.2
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	590	590	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION		0	330	330	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER AND ENVIRONMENTAL SANITATION		0	650	650	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY AND SOCIAL PLANNING		0	200	200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	1,770	1,770	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	3,750	0	1,770	5,520	0	0	0	1	0	0	1	2	4	7	711.8	215.4	927.2
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			0.0													
	Staffing				0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	0	0	1	2	4	7	711.8	215.4	927.2
Number of posts and staff costs:																	
Current programme cycle											1	1	3	5			
At the end of proposed programme cycle (indicative only)											1	2	4	7	711.8	215.4	927.2

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.